

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Ricky J Hamby 1181 Paddock Rd. Smyrna De. 19977</b>	COURT CASE NUMBER <b>05-626 JJF</b>
DEFENDANT <b>Doctor Aramburo</b>	TYPE OF PROCESS

SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Doctor Aramburo CMS/FCM - Correction Medical Services</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>1201 College Park Drive Suite 101 Dover De. 19904</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>Dr. Aramburo 1201 College Park Drive Suite 101 Dover De. 19904</b>	Number of process to be served with this Form - 285	NOV 29 2006 U.S. MARSHAL SERVICE
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold  
First Correction Medical Services  
1575 McKee Road  
Suite 201  
Dover De. 19904  
- Doctor Aramburo -

DCC-Delaware Correction Center  
1181 Paddock Road  
Smyrna DE, 19977

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>BF</b>	Date <b>11-2-06</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>11/28/06</b> Time <b>11</b> <input checked="" type="radio"/> am <input type="radio"/> pm
	Signature of U.S. Marshal or Deputy <b>J. J. Carter</b>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **Subject no longer employed by CMS. CMS refused service.**